Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

Prevention and Wellness Advisory Board
DPH Public Health Council Room
January 6th, 2016

Meeting Minutes

Board Members present:

Commissioner Bharel	Sen. Jason Lewis	Marilyn Schlein Kramer
Rep. Kate Hogan	Keith Denham	Bruce Cedar
Karen Regan	David Hemenway	Peter Holden
Heidi Porter	Stephenie Lemon	
Rebecca Gewirtz	Gary Sing	

Board Members not present:

Paula Johnson	Rep. Jeffrey Sanchez
Sen. James Welch	Catherine Hartman

DPH staff presenting:

Monica Bharel, DPH Commissioner	Carlene Pavlos	Laura Nasuti
Jean Zotter		

Additional Attendees:

Charles Deutsch, Harvard Catalyst	Nicole Rioles, BPHC PWTF Grantee Partnership

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Welcome, Introductions, Agenda Approval

- Welcome to new board member, Gary Sing.
- Agenda approved unanimously.

Review of minutes

- Minutes amended—Laurie Cavanaugh is listed but it should have been Marilyn Schlein Kramer as her replacement.
- Motion to approve minutes as amended, Peter Holden motioned. Second by Karen Regan. Unanimous.

DPH Presentation of PWTF 2015 Legislative Report (SEE SLIDES)

Due to lack of quorum in December DPH allowed submission of comments.

Grantee, intervention updates

- In 2014, report really focused on capacity building and development of model
- 2015 report places more emphasis on 9 partnerships.
    - Looking at successes and challenges of implementing complex model, new section on sustainability.
    - For MAWoW DPH provided updated info on model, where we are, some preliminary info since implementation.
    - Augmented language on CHWs. Concern that some of the challenges listed were strong, we know that implementing work with CHWs is challenging.
- Every partnership has at least one e-referral connection, thus meeting their contract condition. Ten e-referral connections total.
    - Partnerships are making referrals – community programs send us their data.
    - Over 4000 referrals made Jan – Sept, still collecting community level referral data
    - Pediatric asthma looks low because we're still collecting that data, so incomplete snapshot.
    - Falls and HTN comprise most of the referrals.
- Interventions grid – Holyoke dropped oral health; they were the only partnership doing oral health.

Updates on DPH staffing model

- DPH ramped up staffing, seven new team members.
- Formalized relationships with 10 SMEs.
- DPH was hosting one large learning collaborative for all conditions but wasn't working so now have three disease-specific learning collaboratives.
- Efforts to align with other DPH work in four primary conditions.
- Independent evaluation has commenced.
- Health equity working group has been formed.
- MAWoW:
    - Designed training and capacity building program.
    - UMass Med and UMass Lowell as independent evaluator.
    - 3 cohorts, 30 businesses signed up.
    - There have been some questions about enhancing recruitment and enrollment, we will ask for feedback at next PWAB meeting.

Lessons learned—Presentation led by Jean and Carlene

- Four-year timeframe for Trust is challenging because grantees only had 2.5 years of implementation, capacity building started late and took longer than anticipated.
- DPH intentionally selected grantees who were best positioned to hit the ground running. However, partnership building and getting interventions in place—really required 1 year.
- Flexibility in the model has posed some challenges although it was overall successful in allowing each grantee to tailor intervention roll out to community context
    - For example, grantees given flexibility on when to implement what, made it a big project for the department to support and manage and hinder the provision of robust TA per grantee, as requested.
    - Every partnership has hired CHWs, but many partners are new to working with CHWs and the process of integrating the CHWs into their teams has been slow.
- Lessons learned are really about what it takes to accomplish systems change, fundamental systems change in health care and community settings, and connecting the two.
    - It takes sustained support and TA to make that change.
    - PWAB was integral to DPH as we designed the program.

- We were strategic about which grantees to fund, the ones that were the most ready, and still it takes time, a big lesson for all of us about building capacity, relationships and workflows.

Annual Report Draft Feedback from PWAB Members

DPH posed 3 questions to guide feedback (SEE SLIDES), but asked for PWAB feedback in general

- Primary Care Payment Reform Initiative has provided insight related to high-risk patients.
- We want successful interventions and get refunded.
  - Provide real world examples of how individuals are better off.
  - How are the patients better off?
  - Telling stories is important to this process.
- Highlight what is being done with the money that affects people.
- Legislative perspective: the Legislature cares about the state but also about their own jurisdictions.
- When we come to meetings, we have specific examples that we talk about, vignettes are there but to an outsider the tone of this report as it is currently written is negative.
- Suggest providing quantifiable information, lessons learned are fantastic but there are no vignettes on successes.
- Suggest talking about how we are trying to make systems changes, which has many challenges, but they are important lessons learned.
- The audience is focusing on what we are trying to accomplish—painting pictures of successes. Don't avoid discussing challenges but frame it in a positive way as that will inform us as we scale out.
- Highlight e-referral as way to speed things up.
- Highlight CHWs—we have to make the case that this is valuable so that healthcare wants to pick this up.
  - *Commissioner Bharel* – When you say valuable, which pieces do you mean?
    - Expanding your system, creating a way that CHWs are moving out of centers into homes, something that can be more expensive in terms of HC costs to provide that kind of model, but in the long run it's cheaper.
- In a perfect world we would show improved health at individual level and cost savings.
- The challenges should not be sugar-coated either. People like being talked to directly. Hearing where some of the challenges are is important.
- *Commissioner Bharel* – The audience *is* the legislature, they expect to see results.
- Consider a vignette about cost savings, even hypothetical, could also be valuable.
- This was created as part health care payment reform legislation, driven by cost containment. But legislators and others understand that this isn't only about costs, but about people's health and wellness. If we're already showing those kinds of improvement, people will see that costs savings will come from that but also that there is a great value to our residents.
- *Commissioner Bharel* – Our answer to runaway health care costs is looking at these community programs and social determinants of health.
- We are challenged by a "fee for service" world.
- *Commissioner Bharel* – For a while we will live in this in between space where fee-for-service and global payment are in conflict.
- It's difficult to recruit high-risk patients for this reason.
  - When that dynamic changes, they'll unload those patients immediately. I think it's critically important that, when Ch. 224 was passed, some of the implications of it hadn't been assessed enough. The insurance companies and payers of care haven't made the transition.
  - *Carlene* - Would you recommend that we at least recognize that the payment world we live in is in flux?
    - Yes, and that this will accelerate when that transition occurs.

Next Steps

- *Carlene* – Deadline for this report is still the end of this month.
    - Plan will be to incorporate this feedback into this report (vignettes, reframing particularly around lessons learned and how we met those challenges).
    - New version will be sent on the 25th before submitting on 29th.
- *Peter* – Motion to approve report with changes that will be made; *Stephanie* – second, Unanimous.

PWTF Vision for 2016 (SEE SLIDES)

- We are spending our resources as needed to make the case this year that the model can improve outcomes and control cost. Sustainability rests on proving this model.
    - More focus on health equity.
- Harvard evaluation will happen this year.
- DPH PWTF organizational chart presented.
    - Seven new staff as of July:
        - Including 3 TAs as support to individual partnerships—they are the experts on those partnership at DPH
        - Experts working on HTN and falls, running learning collaboratives

Health Equity Working Group – Nicole Rioles, Boston partnership

- Full day Summit next week with a focus on understanding and integrating health equity.
- High rates of disease among people based on income, race, ethnicity.
- How we plan to change this work is really challenging.
- Commissioner Bharel will speak at the Summit.
- Brian Smedley will provide a lot of inspiration.
- Vivien Morris will speak about terms and definitions of health equity to be able to all speak the same language and have a good understanding of health equity work.
- Will hear from partnership panelists, some vignettes on what is happening.
- Breakout session time for partnerships to talk independently to think about what their goals are and how they can start this work.
    - All nine sites have different challenges, how communities are structured and inequities they face are all really different, so hopefully can move from thinking to action through this discussion
- Purpose is partly to give input to DPH on how to provide technical assistance on addressing health equity, and also to get partnerships to think more broadly around these issues

Harvard evaluation – Presented by Charles Deutsch, Harvard Catalyst

- Original plan was submitted in Jan 2015. At that point we thought we had a 27-month period for evaluation, but now we have just a year. Changes (not substantial) are taking that into consideration, as we now have a better handle on what data we will have to look at.
    - When we talk about a comparison group, it is not a 1-to-1 community comparison. Will not be able to do some of the linkages we thought we would be able to do between datasets.
    - Looks like MDPH Net will be valuable, especially with clinical data. Investment linking MDPH Net to APCD case mix has to be weighed against what else we need to do and can do for the evaluation.
    - We've been hearing that there is a need to enhance the qualitative research that will go into the evaluation.
        - We (Harvard) run an institute for NIH in mixed method research. The ways in which you design qualitative and quantitative research mixed method is a much more favorable atmosphere for doing this kind of research.
        - The Harvard team will be looking at what this data will amount to and devising a plan to incorporate it all.
    - We have a lot on our agenda and we have to do tradeoffs now to see what we can do in timeframe compared to what we initially proposed.
    - Data systems change is also massive, like other PWTF systems changes.
        - Keeping close contact with grantees and DPH as this is both an independent and cooperative evaluation; when it comes to getting data, knowing what's happening on the ground, there is quite a divide.

- See MAWoW as complementary initiative with PWTF and this relationship will be fruitful for us moving forward.

Discussion of evaluation with board

- *Question to DPH:* Will reauthorization happen before evaluation report is done?
  - *Carlene* – Existing fund ends 6 months after final report is due. Designed in statute to have report inform potential reauthorization. Much of the evaluation will be modelling.
- *PWAB Member Comments:*
  - APCD doesn't have Medicare fee-for-service data, so that data is even more delayed which will be problematic for falls.
  - It is important that the evaluation report is coming before the end of the program as we need something to say the program is concrete. It's harder to restart a program than to continue it, and the evaluation will give us the fodder to do that for FY17.
- Charles Comments:
  - We will have only 3-4 month to analyze some data before report is due. We will be able to use credible and well accepted modelling processing to be to project how interventions might have changes over time. MDPH Net data is real time.
  - Falls is the one that hardly anybody was working on in any systematic way, so it's challenging to get clinicians to add things to their workflow that weren't there before (training to record and record efficiently). We don't even have cost modelling for that. The moving parts and the differences are there. This is an ambitious and amazing project.
  - There's no question that with nine different implementers, there will be some that really get it and the data will bear out well. We need to spend extra time understanding the difference between the communities that are making it work and those that are having trouble. This is a model and we need to provide others something to look at for best practices.

Sustainability – Jean Zotter, PWTF Manager

- Committee has been meeting since August, 2015, co-chaired by Jean and Maddie Ribble of MPHA.
- Looking at:
  - Reauthorization and also covering interventions of PWTF or e-ref, by insurers of wellness programs.
  - How does the partnership infrastructure continue beyond PWTF?
  - Important to consider what the sustainability options are for those partnerships. Important to look at local level.
  - Can ACOs pick up some of PWTF? What does that look like?
  - Other options (that feel less satisfying because they aren't sustainable) include community benefits, foundation funding, etc.
- Monthly meetings, each with a topic (MassHealth, Health Policy Council on ACOs)
  - Hoping to wrap up fact finding phase by March 2016, present recommendations to PWAB on June 2016.
  - PWAB would discuss recommendations and those recommendations would be in Jan 2017 PWTF legislative report, per legislative requirement.
- June 2016 Summit on sustainability. Would be great if PWAB members could come.

Communications – Jean Zotter, PWTF Manager

- We are developing a communications plan. Want PWAB members, partnerships, DPH members to all be on the same page—start thinking about messaging.
  - Partnerships want standard talking points.
  - Want to start collecting success stories and building that into progress reports with grantees.
  - How does PWAB see this year as being important? Should we be encouraging partnerships to not be spending all money to help them get through a gap period if there is reauthorization? We want them to spend money to do work, but should there be a suggestion to not spend it all?
  - PWAB Member Input:

- It would be good for people to recognize what's happening here as part of reauthorization. Is there a journal for Jan 2017 that could describe this program and get reporters interested? There is a way to package this to newspapers, journals, the public. How are you going to that?
- Could we put in the evaluation at the end how the children that were affected by this program miss less time in school, other outcomes outside of the healthcare system?
- Communications and sustainability are linked.
- Consider communications firm contracted with PWTF?

Closing

Commissioner Bharel – Reminder next meeting is March 3rd.

Marilyn – motion to adjourn; *David* – second; Unanimous.

Adjourned at 11:57 am

Respectfully submitted by,

Liz Moniz
Jenna Roberts